

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

kejın

2. Surname (Last Name)

chen

3. Date

12-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Chaorong Bian

5. Manuscript Title

Application of a randomized response technique for the sensitive question survey in female sex workers in Xichang, China

6. Manuscript Identifying Number (if you know it)

APM-20-2262

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Dr. chen has nothing to disclose.

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1. Given Name (First Name) zhilei	2. Surname (Last Name) mao	3. Date 12-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chaorong Bian
5. Manuscript Title Application of a randomized response technique for the sensitive question survey in female sex workers in Xichang, China		
6. Manuscript Identifying Number (if you know it) APM-20-2262		

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Dr. mao has nothing to disclose.

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1. Given Name (First Name) Zongda	2. Surname (Last Name) Jin	3. Date 12-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chaorong Bian
5. Manuscript Title Application of a randomized response technique for the sensitive question survey in female sex workers in Xichang, China		
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Dr. Jin has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chaorong Bian
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Chaorong

2. Surname (Last Name)  
Bian

3. Date  
12-November-2020

4. Are you the corresponding author?  Yes  No

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